

Exhibit 12

2 Page 1 of 1 PageID 183



Case 3:22-cv-01422-K Document

05-102
(Rev. 9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

1 7 5 1 8 5 5 7 7 5 0

■ Report year

2 0 1 9

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

WILLIAM NOBLE, LP

■ Blacken circle if the mailing address has changed.

Mailing address

100 HIGHLAND PARK VILLAGE, SUITE 200

Secretary of State (SOS) file number or
Comptroller file number

City

DALLAS

State

TX

ZIP code plus 4

75205

0800606642

■ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 100 HIGHLAND PARK VILLAGE, SUITE 200, DALLAS, TX 75205

Principal place of business 100 HIGHLAND PARK VILLAGE, SUITE 200, DALLAS, TX 75205

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name WILLIAM NOBLE, JR.	Title MANAGING PARTNER	Director <input type="radio"/> YES	<i>m m d d y y</i> Term expiration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address 100 HIGHLAND PARK VILLAGE, SUITE 200	City DALLAS	State TX	ZIP Code 75205
Name <input type="text"/>	Title <input type="text"/>	Director <input type="radio"/> YES	<i>m m d d y y</i> Term expiration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>	Director <input type="radio"/> YES	<i>m m d d y y</i> Term expiration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution <input type="text"/>	State of formation <input type="text"/>	Texas SOS file number, if any <input type="text"/>	Percentage of ownership <input type="text"/>
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution <input type="text"/>	State of formation <input type="text"/>	Texas SOS file number, if any <input type="text"/>	Percentage of ownership <input type="text"/>

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

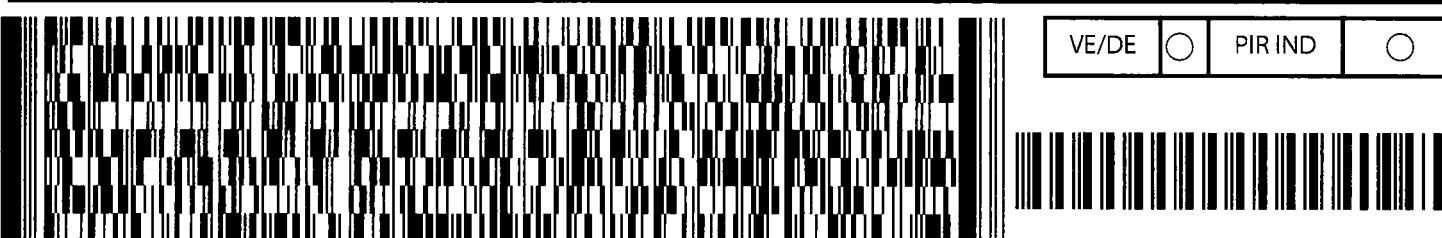
Name of owned (parent) corporation, LLC, LP, PA or financial institution <input type="text"/>	State of formation <input type="text"/>	Texas SOS file number, if any <input type="text"/>	Percentage of ownership <input type="text"/>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: WILLIAM NOBLE, JR		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: 100 HIGHLAND PARK VILLAGE, SUITE 200	City DALLAS	State TX	ZIP Code 75205

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title CEO	Date 12/16/19	Area code and phone number (214) 526 - 3890
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Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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